

<ul> <li>To be completed for all new sewer connections, re- connections, or change of use of existing connections.</li> </ul>	For King County Use Only			
<ul> <li>This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.</li> </ul>	Account #			
Please Print or Type	No. of RCEs			
125312411	Monthly Rate 6 Month Rate			
Property Street Address				
Tsaquah DA 98029 City State ZIP				
Brownstone Issaguah Highlands Owner's Name				
11624 SE 5+5 St. # 200				
Owner's Mailing Address	CAT			
Bellevue WA 98005	Sewer District			
City State ZIP	7/31/2014			
425-586-7700 Owner's Phone Number (with Area Code)	Date of Sewer Connection			
Owner's Prione Number (with Area Code)				
Property Contact Phone Number (with Area Code)	Side Sewer Permit Number			
Party to be Billed (if different than Owner):	1165060000			
, a se a s	Required: Property Tax Parcel Number			
Name	A			
reme	Subdivision Name Subdivision Number			
Street Address	Lot Number Block Number			
	#2			
City State ZIP	Building Name			
Residential Custor	ner Please report any demolitions of pre-existing			
Please check appropriate box: Equivalent (Re	DE) building on this property. Credit for a demolition			
☐ Single-family (free standing, detached only)	may be given under some circumstances.			
Multi-Family (any shared walls):	Demolition of pre-existing building?   Yes No			
Duplex (0.8 RCE per unit)	that balleting of Carmary Cower: 1 103			
3-Plex (0.8 RCE per unit) 2.4	Sewer disconnect date.			
4-Plex (0.8 RCE per unit) 3.2				
5 or more (0.64 RCE per unit) No. of Units x 0.64 =	Request to apply demolition credit to multiple buildings?  Yes No			
Mobile home space (1.0 RCE per space)  No. of Spaces x 1.0 =				
If Multi-family, will units be sold individually? XYes ☐N	0			
if yes, will this property have a Homeowner's Association?	XYes □ No			
Pursuant to King County Code 28.84, all sewer customers who establish a new serv The amount of the charge is established annually by the Metropolitan King Courequivalent for a period of fifteen years. The purpose of the charge is to recover cost collected semi-annually. All future billings can be prepaid at a discounted amo	ity Council as a rate per month per residential customer or residential customer is of providing sewage treatment capacity for new sewer customers. The charge is unt.			
Questions regarding the capacity charge or this form should be referred to King Co	unty Wastewater Treatment Division at 206-477-5533.			
I certify that the information given is correct. I understand that the any deviation will require resubmission of corrected data for details.	ne capacity charge levied will be based on this information and ermination of a revised capacity charge.			
Signature of Owner/Representative				
Print Name of Owner/Representative				
THINE - King County Tellow - Local Se	ewer Agency Pink – Sewer Customer &			



<ul> <li>To be completed for all new sewer connections, reconnections, or change of use of existing connections.</li> <li>This form does not apply to repairs or replacements of existing sewer connections within five years of disconnect.</li> </ul>	For King County Use Only Account #		
Please Print or Type	No. of RCEs		
105710th AVE NE Property Street Address	Monthly Rate 6 Month Rate		
Issaquah DA 98029 City State ZIP			
Brownstone Issaguah Highlands Owner's Name			
11624 SE 5+5 St, # 200 Owner's Mailing Address	CAT		
Bellevue WA 98005 City State ZIP	Sewer District		
425.586-7700 Owner's Phone Number (with Area Code)	7/31/2014 Date of Sewer Connection		
la 11			
Property Contact Phone Number (with Area Code)	Side Sewer Permit Number		
Party to be Billed (if different than Owner):	1165060000		
	Required: Property Tax Parcel Number		
Name	Subdivision Name Subdivision Number		
Street Address	Lot Number Block Number		
	#2		
City State ZIP	Building Name		
Please check appropriate box: Residential Custome Equivalent (RCE	transfer any demonstration of pro extenting		
☐ Single-family (free standing, detached only) 1.0	may be given under some circumstances.		
Multi-Family (any shared walls):	Demolition of pre-existing building? ☐ Yes No		
Duplex (0.8 RCE per unit) 1.6	Was building on Sanitary Sewer? ☐ Yes 🖫 🙀		
☐ 3-Plex (0.8 RCE per unit) 2.4	Sewer disconnect date:		
4-Plex (0.8 RCE per unit) 3.2	Type of building demolished?		
No. of Units x 0.64 =	Request to apply demolition credit to multiple buildings?  Yes No		
Mobile home space (1.0 RCE per space)  No. of Spaces x 1.0 =			
If Multi-family, will units be sold individually? $\slash\hspace{-0.8em} X$ Yes $\slash\hspace{-0.8em} \square$ No			
If yes, will this property have a Homeowner's Association?  Pursuant to King County Code 28.84, all sewer customers who establish a new service. The amount of the charge is established annually by the Metropolitan King County equivalent for a period of lifteen years. The purpose of the charge is to recover costs of collected semi-annually. All future billings can be prepaid at a discounted amount of the charge is to recover costs of collected semi-annually.	which uses metropolitan sewage facilities shall be subject to a capacity charge. Council as a rate per month per residential customer or residential customer of providing sewage treatment capacity for new sewer customers. The charge is t.		
Questions regarding the capacity charge or this form should be referred to King Coun			
I certify that the information given is correct. I understand that the any deviation will require resubmission of corrected data for determined the corrected data for determined to the correct data for data f	capacity charge levied will be based on this information and mination of a revised capacity charge.		
Signature of Owner/Representative	Date		
Print Name of Owner/Representative			



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This form does not apply to repairs or replacements of	Account #
existing sewer connections within five years of disconnect.  Please Print or Type	No. of RCEs
	Monthly Rate 6 Month Rate
1059 10th AVE NE	
Property Street Address	
Issaguah UA 98029	
City State ZIP	
Brownstone Issaguah Highlands Owner's Name	
11624 SE 5+5 St. # 200	
Owner's Mailing Address	COI
Bellevue WA 98005	Sewer District
City State ZIP	7/31/2014
425.586-7700 Owner's Phone Number (with Area Code)	Date of Sewer Connection
Owner's Phone Number (with Area Code)	
	Side Sewer Permit Number
Property Contact Phone Number (with Area Code)	1165060000
Party to be Billed (if different than Owner):	Required: Property Tax Parcel Number
	.e.,
Name	Subdivision Name Subdivision Number
Street Address	Lot Number Block Number
	#2
City State ZIP	Building Name
Residential Custome	r Please report any demolitions of pre-existing
Please check appropriate box: Equivalent (RCE	, , , , , , , , , , , , , ,
Single-family (free standing, detached only)  1.0	may be given under some circumstances.
Multi-Family (any shared walls):	Demolition of pre-existing building? ☐ Yes XNo
Duplex (0.8 RCE per unit)	Was building on Sanitary Sewer? ☐ Yes ☐ No
☐ 3-Plex (0.8 RCE per unit) 2.4	Sewer disconnect date:
☐ 4-Plex (0.8 RCE per unit) 3.2	Type of building demolished?
5 or more (0.64 RCE per unit) No. of Units x 0.64 =	Request to apply demolition credit to multiple buildings?  ☐ Yes ☐ No
Mobile home space (1.0 RCE per space)  No. of Spaces x 1.0 =	
f Multi-family, will units be sold individually? ▼Yes □ No	
yes, will this property have a Homeowner's Association?	XYes □No
ursuant to King County Code 28.84, all sewer customers who establish a new service the amount of the charge is established annually by the Metropolitan King County quivalent for a period of fifteen years. The purpose of the charge is to recover costs collected semi-annually. All future billings can be prepaid at a discounted amoun	which uses metropolitan sewage facilities shall be subject to a capacity charge.  Council as a rate per month per residential customer or residential customer of providing sewage treatment capacity for new sewer customers. The charge is
duestions regarding the capacity charge or this form should be referred to King Coun	
certify that the information given is correct. I understand that the ny deviation will require resubmission of corrected data for deter	capacity charge levied will be based on this information and mination of a revised capacity charge.
ignature of Owner/Representative	Date
rint Name of Owner/Representative	



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<ul> <li>To be completed to connections, or cha</li> </ul>	r all new sewer	connections, re-		For King County L	Ise Only		
connections, or change of use of existing connections.  This form does not apply to repairs or replacements of				Account #			
existing sewer conr	nections within fi	ve years of disconn	ect.				
Please Print or Type	<b>3</b>			1	6 Month Rate		
1063 INTH	Ale 110			Monthly Hate	o World Hate		
Property Street Address	TVC NE						
Issaquah		98029					
City	State	98029 ZIP					
Brownstone Owner's Name	. Issaqu	ah Highlan	ds				
11624 5E Owner's Mailing Address	5+5 St.	# 200					
Owner's Mailing Address			-	COI	7		
Bellevue	WA	98005		Sewer District			
City	State	ZIP		7/31/2	OIL		
425.586 Owner's Phone Number (w	,-7700			Date of Sewer Connection	.014		
	11			Side Sewer Permit Numbe	г		
Property Contact Phone No		2-400 Mil.		1165060	0000		
Party to be Billed (if	different than Ov	vner):	į	Required: Property Ta			
						ж	
Name			-	Subdivision Name	Subdivision Number	<u> </u>	
Street Address			<u></u>	ot Number	Block Number		
				#2	Block Humber		
City	State	ZIP	E	uilding Name			
		Residential Cu		San grave out that the contraction of the contracti			
Please check approp	riate box:	Equivaler			ny demolitions of pre-existing s property. Credit for a demoliti	ion	
☐ Single-family (free s			1.0		nder some circumstances.	011	
Multi-Family (any shar	100	,,		Demolition of pr	e-existing building?   Yes	Vo.	
Duplex (0.8 RCE pe	er unit)		1.6		Sanitary Sewer? ☐ Yes ☐ Wo		
☐ 3-Plex (0.8 RCE pe	r unit)		2.4		ct date:		
☐ 4-Plex (0.8 RCE pe	r unit)		3.2		demolished?		
☐ 5 or more (0.64 RC	E per unit)	x 0.64 =		Request to apply ☐ Yes ☐ No	demolition credit to multiple build	ings?	
☐ Mobile home space	(1.0 RCE per splot of Spaces	pace) x 1.0 =					
f Multi-family, will un	its be sold indi	vidually? XYes	□No				
f yes, will this prope	rty have a Home	eowner's Associat	tion?	Yes □ No			
equivalent for a period of fifter collected semi-annually. All fi	established annually en years. The purpos uture billings can be	by the Metropolitan Kin e of the charge is to recove prepaid at a discounte	g County C ver costs of a ed amount.	ouncil as a rate per month providing sewage treatment	age facilities shall be subject to a capacity of per residential customer or residential customers. The cha capacity for new sewer customers. The cha	etomer	
Questions regarding the capa							
certify that the informany deviation will requi	ation given is co re resubmission	rrect. I understand of corrected data for	that the coor determ	apacity charge levied ination of a revised ca	will be based on this information apacity charge.	and	
Signature of Owner/Re	presentative				Date		
Print Name of Owner/F	epresentative				ď		



To be completed for all no connections, or change of This form does not apply existing sewer connection.  Please Print or Type  1067 Def Ale  Property Street Address	of use of existing to repairs or a suithin five	ing connections. replacements of years of disconn	ect.	No. of RCEs	y Use Only 6 Month Rate	
Issaguah	WA	98029				
Brownstone To	State Ssaqua		ds			
11624 SE 5	th 5t.	# 200				
Owner's Mailing Address		,	Personal Assess	Co	7	
Bellevue	WA	98005		Sewer District		
City	State	ZIP		7/31/	2014	
425.586-7	100	· · · · · · · · · · · · · · · · · · ·		Date of Sewer Connecti		
Owner's Phone Number (with Area	i Code)					
Property Contact Phone Number (	with Assa Cada)			Side Sewer Permit Num	ber	
Party to be Billed (if differe				116506	0000	
vary to be billed (if differe	in than Owne	n).		Required: Property	Tax Parcel Number	
						ħ.,
Name				Subdivision Name	Subdivision Number	
				***************************************		
Street Address				Lot Number	Block Number	
City	Ctata	7/5		#2		
City	State	ZIP		Building Name		
Diagon shoots surrounded to	L-1	Residential Cu			any demolitions of pre-exis	
Please check appropriate I		Equivalen			nis property. Credit for a den under some circumstances.	
☐ Single-family (free standir Multi-Family (any shared wal		oniy)	1.0	_		. /
☐ Duplex (0.8 RCE per unit)			1.6		pre-existing building?  Yes	/ \
☐ 3-Plex (0.8 RCE per unit)			2.4	_	on Sanitary Sewer? Yes	×40
4-Plex (0.8 RCE per unit)			3.2		nect date:	
☐ 5 or more (0.64 RCE per t	unit)		5.2		g demolished? bly demolition credit to multiple t	
		x 0.64 =		☐ Yes ☐ No	by demonitor credit to multiple t	Juliuli igs :
☐ Mobile home space (1.0 R No. of S	ICE per space Spaces	e) x 1.0 =				
If Multi-family, will units be	sold individ	ually? XYes	□ No	,		
The amount of the charge is establis equivalent for a period of fifteen years collected semi-annually. All future bil	all sewer custome hed annually by . The purpose of t llings can be pre	ers who establish a ne the Metropolitan King the charge is to recov paid at a discounter	w service County of er costs of d amount	which uses metropolitan se Council as a rate per mon f providing sewage treatme	ewage facilities shall be subject to a capa th per residential customer or residenti nt capacity for new sewer customers. The	al customer
Questions regarding the capacity char						
I certify that the information g any deviation will require resu	iven is correct the state of th	ct. I understand to corrected data fo	hat the r detern	capacity charge levien nination of a revised	ed will be based on this information capacity charge.	ation and
Signature of Owner/Represer	itative				Date	-
Print Name of Owner/Represe		County Yellow - L	ocal Sewe	Agency Pink - Sewer C		æ



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existing sewer connections within five years of disconnect.	No. of RCEs
Please Print or Type	
1071 10th 1/2 115	Monthly Rate 6 Month Rate
Property Street Address	
Issaguah UA 98029 City State ZIP	
Brownstone Issaquah Highlands Owner's Name	
11624 SE 5th St. # 200	
Owner's Mailing Address	CAT
Bellevue WA 98005	Sewer District
City State ZIP	
425.586-7700	7/31/2014 Date of Sewer Connection
Owner's Phone Number (with Area Code)	Date of Sewer Connection
It is	Side Sewer Permit Number
Property Contact Phone Number (with Area Code)	
Party to be Billed (if different than Owner):	1165060000
	Required: Property Tax Parcel Number
Name	C. Latinia N.
	Subdivision Name Subdivision Number
Street Address	
	Lot Number Block Number
City State ZIP	<u>#2</u>
3.50	Building Name
Residential Custome	, or bro oxioning
Please check appropriate box: Equivalent (RCE	
Single-family (free standing, detached only)  1.0	may be given under some circumstances.
Multi-Family (any shared walls):	Demolition of pre-existing building?   Yes No
Duplex (0.8 RCE per unit)  1.6	Was building on Sanitary Sewer? Yes
☐ 3-Plex (0.8 RCE per unit) 2.4	Sewer disconnect date:
☐ 4-Plex (0.8 RCE per unit) 3.2	Type of building demolished?
5 or more (0.64 RCE per unit)	Request to apply demolition credit to multiple buildings?
No. of Units x 0.64 = X 0.64 =	☐ Yes ☐ No
Mobile home space (1.0 RCE per space)  No. of Spaces x 1.0 =	
If Multi-family, will units be sold individually? XYes \( \text{No} \)	'
If yes, will this property have a Homeowner's Association?	Vac DNa
Pursuant to King County Code 28.84, all sewer customers who establish a new service. The amount of the charge is established annually by the Metropolitan King County equivalent for a period of fifteen years. The purpose of the charge is to recover costs of collected semi-annually. All future billings can be prepaid at a discounted amount of the control of the charge is to recover costs of the charge is the charge is established annually by the Metropolitan King County equivalent for a period of the charge is established annually by the Metropolitan King County equivalent for a period of the charge is established annually by the Metropolitan King County equivalent for a period of the charge is established annually by the Metropolitan King County equivalent for a period of the charge is the charge is the charge is to recover costs of the charge is the charge	which uses metropolitan sewage facilities shall be subject to a capacity charge. Council as a rate per month per residential customer or residential customer of providing sewage treatment capacity for paying sewage treatment capacity
Questions regarding the capacity charge or this form should be referred to King Count	ly Wastewater Treatment Division at 206-477-5533.
I certify that the information given is correct. I understand that the any deviation will require resubmission of corrected data for determined to the correct data for	capacity charge levied will be based on this information and
Signature of Owner/Representative	
Print Name of Owner/Representative	

## **BUILDING PERMIT**

Permit Number: BLD14-00051

SubType:

MF - NEW

CITY OF ISSAQUAH
WASHINGTON
Development Services

Development Services 1775 12th Ave NW Issaquah, WA 98027

Project Name: IH BLKS 21 AND 22 (BROWNSTONES) - BLDG 2

Site Address: 1053 10TH AVE NE

Parcel Number: 1165060000

Applied:

03/05/2014

Issued:

05/09/2014

Expires:

05/08/2016

Valuation:

\$1,429,000

#### Owner

BROWNSTONE AT ISSAQUAH HIGH 11624 SE 5TH ST STE 200

BELLEVUE, WA 98005

#### Contractor

BROWNSTONE AT ISSQ HGHLNDS LLC

11624 SE 5TH ST, STE 200 BELLEVUE. WA 98005

License: BROWNIH873KZ Phone: (425) 586-7700

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**Description of Work:** IH BLOCKS 21 AND 22 (BROWNSTONES) - BLDG 2: Construct six unit townhome and associated features (landscaping, driveways, etc.).

1053, 1057, 1059, 1063, 1067, & 1071 10TH AVE NE

Code Edition:

Zoning:

Lot Area:

2012 IRC

U-V

Building Information

Stories:

Floor Area:

3

11,772

Residential Units

No. of Removed D/U's

No. of New D/U's

Occupancy

e Group

oup Load

V-A R-3

Post this permit in a visible and accessible location at the job site and have the approved plans available.

#### Inspection Scheduling

To schedule or cancel an inspection, go to **MyBuildingPermit.com**. For cancelations on day of, please call 425-837-3100. Re-inspection fee may be assessed if inspector has been dispatched.

Inspection request cut off: 6:00 AM (Backflow is 3:30 day before)
You may optionally request AM or PM in the "Message to Inspector" box.
Homeowners may request a two-hour window between 8am and 3:30pm.
Requests are not guaranteed.



MBP Inspection Request

#### Permit Expiration

There is limited ablity to extend the expiration date. Please call 425-837-3100 if you have questions about permit expiration.

Hiring an unlicensed contractor is prohibited and carries potential risk and monetary liability to the property owner. Visit <a href="https://hiringaContractor.Lni.wa.gov"><u>HiringaContractor.Lni.wa.gov</u></a> or call 1-800-647-0982 to learn more.

#### Occupancy

**Single Family & Duplexes:** The final sign-off on the inspection card is your Certificate of Occupancy.

New Non-Residential and Change of Use: Certificate of Occupancy is required. Bring fully signed off permit card to the Permit Center for your certificate.